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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145813 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 04/30/2026 |
| NAME OF PROVIDER OR SUPPLIER Metropolis Rehab & Hcc | | STREET ADDRESS, CITY, STATE, ZIP CODE 2299 Metropolis Street Metropolis, IL 62960 | |

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information) |
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| <p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p> | <p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>Based on observation, interview, and record review the facility failed to maintain effective sanitizer levels to sanitize food contact surfaces and failed to maintain kitchen equipment in a safe and sanitary condition. This failure has the potential to affect all 64 residents residing in the facility. Findings include: On 4/29/26 at 9:53 AM during a walk-through of the kitchen, the garbage disposal had chunks of food and clotted milk floating in it with a large amount of water running into the floor from around the seals of the garbage disposal under the sink. Water was pooling in the floor and running into the floor drain. A strong odor of rotting food was noted around the garbage disposal. The sprayer above the garbage disposal had hard water buildup in the center of the nozzle causing water to spray outwards onto the wall, floor, and surrounding area. The pipes to the ice machine in the kitchen beside the walk in cooler was leaking water down the wall and pooling in the floor. The Heating, Ventilation, and Air Conditioning (HVAC) unit in the kitchen had a large amount of brownish dirt/ debris present with pieces of brown fuzzy lint-like material present with some pieces falling to the surface below. The kitchen door leading to the large dining room's top hinge was broken and the bolts holding the door to the hinge had come loose causing the door to have to be physically picked up to open it. The knob side edge of the door was jagged and splintered and appeared as if someone had used a chisel to break off portions of the door. At this time V4 (Cook) said the garbage disposal did not work and had been leaking for about a week or so prior to this investigation. V4 said V5 (Maintenance Director) was aware of the garbage disposal leaking but could not fix it. V4 said on 4/20/26, V5 and V6 (Maintenance Assistant) were in the kitchen replacing the door leading to the large dining room. V4 said V5 had the door leaning up against the door frame leading outside of the kitchen and was sawing and sanding top of the door to make it fit. V4 said he told V5 and V6 they could not be sawing and sanding the door in the kitchen while V4 was cooking and serving because the food could be contaminated with saw dust. On 4/29/26 at 10:15 AM, V5 said he was aware of the garbage disposal not working and leaking but was not able to fix it. V5 said the facility would have to have a plumbing company fix the garbage disposal. V5 said the sink had a food trap that a company emptied every month. V5 said he was not aware of the plumbing leading to the ice machine in the kitchen leaking. V5 was shown the HVAC unit in the kitchen and stated yeah, that really needs to be cleaned. V5 said he had recently replaced the door in the kitchen leading to the large dining room and had to cut it to make it fit. V5 said he had cut and sanded down the top of the door and V6 and cut off the side of the door. V5 said they had taken the door outside and were not cutting or sanding in the kitchen. On 4/29/26 at 11:44 AM, the wall mounted chemical dispenser above the kitchen sink did not have any sanitizer bottles present. V8 (Dishwasher) was asked to make a bucket of sanitizer solution to be used to clean surfaces in the kitchen. V8 put a bucket in the sink and turned on the wall mounted sanitizer dispenser and filled the bucket. V8 was asked to check the strength of the sanitizer solution and after dipping the test strip no color change was visible, indicating no chlorine was present in the sanitizing solution. V8 said she was not sure what color the test strip was supposed to change to, but that is what she would use to clean kitchen surfaces. On 4/29/26 at 11:50 AM, V3 (Assistant Dietary Manager) was asked to make a bucket of sanitizer solution to be used to (continued on next page)</p> |

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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| <p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p> | <p>clean kitchen surfaces. V3 filled the bucket the same way V8 had. V3 was asked why no bottles of chemicals were attached to the wall mounted chemical dispenser and V3 said the facility did not have any bottles of the chemicals that were compatible with the wall mounted chemical dispenser. V3 said sanitizer buckets were made with dish soap and staff were using spray bottles of multipurpose cleaner V3 had obtained from housekeeping. On 4/29/26 at 3:09 PM, V1 (Administrator) said the facility did not have an environmental policy pertaining to maintaining equipment. The facility's 4/28/26 Nurses' Midnight Census Report documented 64 residents residing in the facility.</p> | | |